

L10000108285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

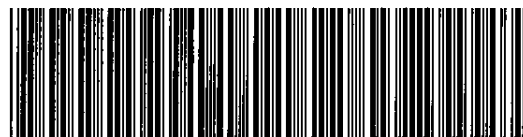
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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10/15/10--01020--021 \*\*155.00

Effective Date

11/1/10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 AM 10:06

T. HAMPTON  
OCT 18 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Doremi, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robenson Cherichel  
Name of Person

Doremi, LLC  
Firm/Company

548 NE 42nd St Ft Lauderdale, FL 33334  
Address

Ft Lauderdale, FL 33334  
City/State and Zip Code

Sonnyslim0@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robenson Cherichel at (954) 658-9955  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Effective Date

11/1/10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Doremi LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

548 NE 42<sup>nd</sup> st  
ste 6  
Ft Lauderdale, FL 33334

#### Mailing Address:

548 NE 42<sup>nd</sup> st  
ste 6  
Ft Lauderdale, FL 33334

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Roberson Cherichel

Name

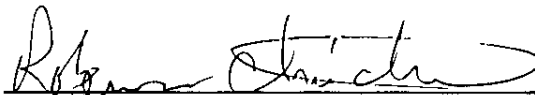
548 NE 42<sup>nd</sup> st ste 6

Florida street address (P.O. Box **NOT** acceptable)

Ft Lauderdale, FL 33334

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS  
10 OCT 15 AM 10:07

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR M

Gaston CHERICHEL  
548 NE 42nd St  
#6  
Fort Lauderdale, FL 33334

MGR M

Dexter Petit Frere  
548 NE 42nd St #6  
Fort Lauderdale, FL 33334

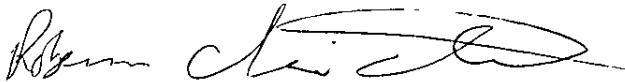
MGR

Robenson Cherichel  
548 NE 42nd St Ste 6  
Fort Lauderdale, FL 33334

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11-1-2010 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robenson Cherichel

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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10 OCT 15 AM 10:07